

Updates from the Field...

Strengthening Public Health Systems and Workforce Capacity Globally

Summer 2012, Issue 7

Director's Message

Dear Colleagues:

For over 60 years CDC has been recognized globally for conducting research and investigations and for its action-oriented approach in applying health data and research findings to improve people's lives and respond to health emergencies.



— Peter B. Bloland

Although resources are scarce, a recent study developed by CDC and George Washington University's (GWU) Center for Global Health entitled "Presence of Leadership and Management in Global Health Programs: Compendium of Case Studies" <http://library.tephinet.org/cdc-sustainable-management-development-program/wiki/presence-leadership-and-management-global-health> suggests that "there is increased awareness that well-lead and managed global health solutions are required to achieve effective, efficient, and sustainable health programs, especially at the scale needed to attain Millennium Development Goals and other global targets." As former CDC director William H. Foege so aptly points out, "lack of management skill appears to be the single most important barrier to improving health throughout the world."

Sound leadership and management practices are essential for improving program performance, building workforce capacity, strengthening health systems, and increasing a country's ability to respond effectively to disease priorities. While it is widely understood within both the public and private sectors that good

leadership and management are important, there is still very little quantifiable evidence to support this assertion. As a result, our understanding of the link between good leadership and management and improving health outcomes is based on anecdotal evidence. However, there is sufficient evidence from for-profit industries such as General Electric, Motorola, and others to show significant increases in productivity, profitability, and achievement as a result of investing in leadership and management. The CDC/GWU study suggests that strengthening leadership and management capacity can improve health service delivery. While I believe that there is great potential for the impact of good leadership and management on health outcomes, it remains unclear which practices contribute the most to improved health and how those practices can be successfully operationalized.

To improve global health leadership and management, the Division's Sustainable Management Development Program (SMDP) has worked in many countries to improve capacity and has developed sound approaches implemented through Field Epidemiology Training Programs. This issue of the newsletter focuses on some of the leadership and management programs that have been implemented and/or launched in Thailand, Nigeria, and Central America to strengthen management processes and improve health outcomes.

In the current climate of limited funding, it is essential that global health programs become more efficient, effective, adaptable, and sustainable. I encourage you to read the CDC/GWU report, in particular the recommendations, and consider ways that together, we can identify best practices in global health leadership and management and incorporate them into our programs. Efforts must be made to systematically include leadership and management

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aspects in future program evaluations so we can continue to build an evidence base that will help build upon, refine, and improve these best practices for the future.

— Peter B. Bloland, D.V.M., M.P.V.M.
Director, Division of Public Health Systems and Workforce Development
U.S. Centers for Disease Control and Prevention

Center for Global Health

Division of Public Health Systems and Workforce Development



Updates from the Field...

Highlights of Investigations

CAR-FELTP Residents Investigate and Determine the Source of a Cholera Outbreak in the Central African Republic

Submitted by Ken Johnson, CDC

On September 21st, 2011, health facilities in the Central African Republic (CAR) reported unusual cases of watery diarrhea from Sékiamoté village. Two days later, the son of the village chief fell sick and died. The chief reported this tragedy to the head of the district, who immediately notified the Ministry of Health (MOH). After the notification of this case from Sékiamoté village, the outbreak spread to five villages in the prefecture of Lobaye, seven villages in Ombella Mpoko district and six arrondissements (sub-divisions) in the city of Bangui. On September 25th, 2011, a stool sample was collected for laboratory testing by the two laboratory residents from the Central African Republic Field Epidemiology and Laboratory Training Program (CAR-FELTP). Within 3 days the National Laboratory in Bangui isolated *Vibrio cholerae*.

A joint CAR-FELTP and MOH team investigated the outbreak, examined risk factors associated with cholera, and assessed the level of epidemic preparedness and response in the affected districts. During the investigation, a suspected cholera case was defined as any person of any age presenting with acute watery diarrhea. The investigation revealed that people who ate cold cassava leaves were at significantly greater risk for developing cholera. In addition to determining the source of the outbreak, the investigation documented lapses in the surveillance system and the epidemic preparedness and response within the affected districts.

Based on information collected by the joint CAR-FELTP and MOH team, the Minister of Health officially declared a cholera outbreak in CAR on September 30th. He also put in place a rapid response team that implemented a series



Cholera Investigation team (from left to right): Dr. D. Kazambu (RA), Dr. A. Penguele (ER), Dr. D. Delissaint (RA), Dr. P. Feilema (ER), Mrs. M. Djeintote (LR), Dr. J. Tembeti (ER), Mr. A. Balekouzou (LR) and Mr. L. Zimayo (SO) crossing the Lobaye River on the way to the investigation site.

(Note: RA: Resident Advisor; ER: Epi Resident; LR: Lab Resident; and SO: Surveillance Officer)

of prevention and control measures to stop the spread of the outbreak, including 1) enhancing cholera surveillance and treatment capacity; 2) establishing cholera treatment centers; 3) providing health education on general hygiene, improvement of sanitation, food preparation, and funeral and burial practices; 4) advising affected people to use oral rehydration solution immediately and seek health care at the onset of watery diarrhea; 5) providing chlorine to treat drinking water; and 6) active case finding. The CAR-FELTP residents played an important role in confirming the outbreak, identifying associated risk factors, assessing the level of preparedness in the affected districts, and implementing control measures.

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or Dieula Delissaint at dieula.delissaint@gmail.com.



Dr. Joachim Tembeti (ER) – Right, and Mr. Augustin Balekouzou (LR) – Left, interview a man (center) who had cholera.



Mrs. Marcelline Djeintote, a laboratorian FELTP resident from the Central African Republic conducting an interview with a woman affected by cholera in Bamako.

Updates from the Field...

Highlights of Investigations

CDC's Division of Public Health Systems and Workforce Development to Assist Nigeria with Polio Eradication

Submitted by Dr. Patrick Nguku, Nigeria FELTP and Denise Traicoff, CDC

Having more than 250 ethnic groups and a population of more than 150 million, Nigeria is the most populous country in Africa. Nigeria is also one of the three countries (in addition to Pakistan and Afghanistan) that have never interrupted wild polio virus (WPV) transmission. Despite the efforts of the Government of Nigeria and its partners to stop poliovirus transmission in the country, the number of confirmed polio cases in Nigeria has risen more than threefold in the first 19 weeks of 2012 compared to the same time period in 2011. In addition, surveillance performance indicators are steadily improving, but WPV outbreaks in northern Nigeria continue to occur. The Government of Nigeria has pledged to support the polio eradication initiative and has taken steps to ensure active participation by state and local leaders. Nigeria has developed an emergency plan for polio eradication in 2012 focusing on improved vaccination team performance and increased accountability of all staff engaged in the polio eradication efforts.

In March 2012, Dr. Thomas Frieden, Director, Centers for Disease Control and Prevention (CDC) visited Nigeria and assessed the progress of the nation's emergency plan for polio eradication through discussions with Nigerian leaders and CDC Nigeria staff. In his address to residents and graduates of the Field Epidemiology and Laboratory Training Program (FELTP) in Nigeria, he encouraged them to be actively involved with this final push to stop polio transmission in Nigeria. CDC's Division of Public Health Systems and Workforce Development (DPHSWD) and the Global Immunization Division (GID) have enthusiastically responded to the needs in Nigeria, and are supporting

the stepped-up efforts with multiple strategies. The FELTP in Nigeria, a CDC-supported capacity-building program, has identified 20 residents and graduates to assist with the effort. With specialized training provided by staff from GID's Stop Transmission of Polio (STOP) program and DPHSWD's Sustainable Management Development Program (SMDP), the residents and graduates will work in priority areas to support planning, implementation, and monitoring of supplemental immunization activities (SIAs) and routine immunization programs, improving acute flaccid paralysis surveillance, providing data management and technical support for proposed state operation centers, and conducting outbreak investigations for polio and other vaccine preventable diseases. The creation of a national STOP team through the FELTP will ensure high quality training and culturally appropriate field support to high risk states in the implementation of the 2012 polio eradication emergency plan. It is expected that after completion of a national STOP training, FELTP residents and graduates will work with state ministries of health in eight polio high-risk states in northern Nigeria under supervision and guidance from experienced mentors in the National Primary Health Care Development Agency and the World Health Organization.

In addition, SMDP is helping prepare STOP teams that are destined for Nigeria and other polio endemic countries to equip them with management skills that can help overcome the operational challenges identified in



Dr. Patrick Nguku, Resident Advisor, Nigeria FELTP meeting with polio immunization strategic partners at the Nigeria FELTP training facility in Abuja on June 8th to discuss deployment of FELTP residents for an upcoming Immunization Plus Day (supplemental immunization campaign for polio in Nigeria). Participants included (starting from extreme left) Dr. Oladayo Biya – Graduate of FELTP / FELTP field coordinator, Dr. Emmanuel Okolocha – Lecturer Ahmadu Bello University, Michael Mooreland – CDC contractor, Dr. Lora Davis – Veterinary Resident Advisor NFELTP, Dr. Frank Mahoney – CDC, Dr. Nnamadi – National Primary Healthcare Development, Dr. Sule – former STOP consultant, and Dr. Patrick Nguku.

the October 2011 Global Polio Eradication Initiative Independent Monitoring Board report, including personnel management, improving accountability, and engaging leadership (report available at <http://www.polioeradication.org/Aboutus/Governance/IndependentMonitoringBoard.aspx>). These STOP team members will learn how to identify the root cause of management performance problems and a methodical approach to address the problems, as well as how to build an effective work team, and how to communicate and collaborate effectively with stakeholders. As part of this additional curriculum, SMDP is assisting with the development of an evaluation plan to determine the impact of the management-specific STOP training.

Dr. Henry Akpan, Chief Consultant Epidemiologist and Program Director, Nigeria FELTP, Federal Ministry of Health, Nigeria stated, "With the world being 'this close' to polio eradication and with the support of CDC and other international partners, Nigeria is working diligently to eradicate polio and looks forward to the day when we can celebrate polio eradication."

For further information, please contact Dr. Patrick Nguku at NgukuP@ng.cdc.gov.

Updates from the Field...

Partnership Matters

Public Health Education in Low- and Middle-Income Countries: The Role of CDC

Commentary by Richard A. Cash, MD, MPH
Harvard School of Public Health

If public health research, policy, and implementation are to improve in low- and middle-income countries, there will need to be a well-trained cadre of professionals to manage this effort. This in turn will require high quality local institutions to train these professionals in the modern approaches to public health. Training in the west is expensive, open to few, and provides an education that offers little direct field experience. One of the shortcomings in developing schools of public health in low- and middle-income countries is a severe shortage of faculty of all types. Established schools of public health—government or otherwise, east or west—could make a significant contribution by providing short- and long-term faculty for all aspects of public health training. For example, the Field Epidemiology Training Program (FETP) modeled after the Epidemic Intelligence Service (EIS) training program, is an established and successful model. It has made tremendous progress since its inception over 30 years ago, working with more than 40 programs and graduating professionals from over 60 countries to establish a public health workforce. In addition, the involvement of many CDC staff posted overseas is yet another source of faculty support.

I personally have been connected with at least three public health training institutions in South Asia: The Achutha Menon Centre for Health Science Studies (AMCHSS) in Trivandrum, Kerala, India; The James P. Grant School of Public Health (JPGSPH) at BRAC University in Dhaka, Bangladesh; and the Public Health Foundation of India (PHFI), in Delhi, India. I will focus my comments on JPGSPH to indicate just how one of these institutions has become a vibrant center of learning and research to greatly improve the quality of public health education.



MPH Students (36) from the James P. Grant School of Public Health at BRAC University in Bangladesh and students from George Washington University (12).

Established in 2004, the JPGSPH offers an MPH and provides public health courses for national health professionals in its Continuing Education Program. It focuses on addressing the health and development needs of the poor and disadvantaged in Bangladesh and internationally. The one-year residency program has graduated over 220 students, half of them from 21 countries outside of Bangladesh, primarily in Asia and Africa. Bangladesh is home to some of the most innovative and successful public health programs and the JPGSPH takes advantage of this in their frequent field visits (one-third of the curriculum is field-based). This allows students to observe first-hand how the principles and tools they are learning are being used to address the complex issues of public health.

JPGSPH takes full advantage of its proximity to the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) a world-class institution focusing on health problems of low-income countries. CDC has an almost 50 year relationship with the ICDDR,B, dating back to its earlier incarnation as the Cholera Research Laboratory. One example of how a CDC individual can contribute is Dr. Steve Luby, Head of the Program on Infectious Diseases and Vaccine Development at the ICDDR,B, and Professor at JPGSPH. He has made significant contributions to the development of the epidemiology module and I've worked with Steve and his colleagues in developing the infectious disease course. This year he received



An MPH student conducts interview in a Dhaka slum

the Best Teacher of the Year award from JPGSPH. It is my hope that CDC will continue to engage partners and utilize its overseas staff and the FETPs as platforms to strengthen public health institutions.

Dr. Richard Cash is a global health researcher, author, public health physician, internist, and renowned pioneer of oral rehydration therapy. Dr. Cash also serves as a



Senior Lecturer in International Health and Director of the Program on Ethical Issues in International Health in the Department of Global Health and Population of the Harvard School of Public Health in Boston. Cash began his international career over 40 years ago when he was assigned by the National Institute of Health, National Institute of Allergies and Infectious Diseases to the Pakistan-SEATO Cholera Research

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Updates from the Field...

Graduate Corner

Dr. David Mutonga, Kenyan MOH Leader, Reflects on Importance of his FELTP Experience

*Interview with Dr. David Mutonga, December 2011
Head, Division of Disease Surveillance and Response
Ministry of Public Health and Sanitation, Kenya
Kenya FELTP class of 2007*

*Submitted by Ruth Cooke Gibbs
and Victoria Fort, CDC*

Joining the Kenya-Field Epidemiology and Laboratory Training Program (K-FELTP) was an eye opener for me. I learned about the many opportunities in public health and the role of epidemiology in disease prevention and control. I completed the Kenya FELTP, worked within the program for two years, and then had a one year fellowship with the Centers for Disease Control and Prevention (CDC). I think those experiences prepared me for the responsibility I am holding now within Kenya's Ministry of Public Health and Sanitation (MOPHS).

What makes FELTP unique is the fact that residents offer services to the Ministry and the public as they study. The program is field based, applied and competence based, it's not just about passing an exam. It gives the residents an opportunity to go out there and evaluate a surveillance system, conduct an outbreak investigation, participate in other field investigations, analyze data and give feedback to the Ministry, and thus contribute to strengthening public health systems.

In my position at the MOPHS, I have played a leading role in the process of developing a comprehensive cholera prevention and control plan for Kenya. From 2006 to 2009, we found that the number of cholera cases and deaths were increasing. We responded by initiating interventions to control the outbreak and by developing a comprehensive cholera prevention and control plan that brings together all of the players in the country who deal with cholera, including organizations and leaders that do not normally work in health.



Dr. David Mutonga giving speech to launch a polio vaccination campaign in Kenya.

CDC's offices in Kenya and Atlanta have actively participated in developing the cholera prevention and control plan from the beginning. Dr. Helen Perry, the Team Lead for Integrated Disease Surveillance and Response (IDSR) in Atlanta was a member of the core team, participating in weekly conference calls to review the progress and development of the plan. We look forward to working with CDC as the plan is implemented.

Because I oversee surveillance, I have led and coordinated the ongoing adaptation of the 2nd edition IDSR Technical Guidelines to be specific to Kenya. The new guidelines integrate the International Health Regulations into IDSR, and incorporate non-communicable diseases. We are currently revising the training modules and reporting tools before beginning the implementation of the new guidelines at all levels of the health system. I think this is likely to improve the way we do surveillance. Additionally, we just finished training our provincial and national level surveillance officers on a new electronic reporting system that uses both mobile phones and computer web-based electronic reporting



Dr. David Mutonga, top left, participates in a press brief on yellow fever, addressed by the Director of Public Health and Sanitation, Kenya.



Dr. David Mutonga talking with Kenyan mother before administering the polio vaccine to her children.

forms. We think this will standardize the reporting system and improve our ability to report and analyze data in real time.

CDC has a great role to play in helping countries like Kenya strengthen their capacity to detect and respond to diseases in a timely and effective manner. One of the key areas where they can contribute is in strengthening public health systems, as they are doing through the FELTP. I believe this has contributed greatly in the practice of public health in Kenya and will go a long way in the reduction of morbidity and mortality in Kenya.

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Updates from the Field...

Graduate Corner

Dr. Luka Ibrahim, Nigeria FELTP Graduate and Recipient of the William H. Foege Award, Conveys His Passion for Public Health and Reflects on the Value of the Nigeria FELTP

Submitted by Ruth Cooke Gibbs, CDC

The 61st Annual Epidemic Intelligence Service (EIS) Conference provided an opportune time to interview residents and recent graduates of Field Epidemiology and Laboratory Training Programs (FELTPs). Dr. Luka Ibrahim, a physician from the Nigerian FELTP, was one of the first residents I interviewed. As he relayed his training experiences, I could feel the passion in his voice and it became very clear that behind all the credentials Dr. Ibrahim was a very humble and compassionate person, committed to public health and serving his country, Nigeria.

Prior to joining the Nigeria FELTP, Dr. Ibrahim worked as a public health physician at the state level for about 10 years, but had never carried out any outbreak investigations because he “didn’t know what to do”. He chose to enroll in the Nigeria-FELTP because of his positive experience participating in a FELTP short course open to non-residents that allowed him to go into the field and conduct a small project. “That was when I came to realize that this program is important for me if I really want to be a very good public health physician and, most importantly an epidemiologist.” The Nigeria FELTP filled in the missing pieces of his Masters in Public Health coursework. “I did not have the basic knowledge of investigating a disease, communicating scientifically, or how to advocate – all these things I learned from the Nigeria FELTP.”

Even when he believed he did “very horrible work” when he confused a case control study with a cohort study, his mentors offered support to clarify these field based epidemiologic method applications. The one-on-one mentorship in class and in the field is the greatest strength of the FELTP.

During his field training, Dr. Ibrahim was involved in a number of investigations, including a cholera outbreak that affected



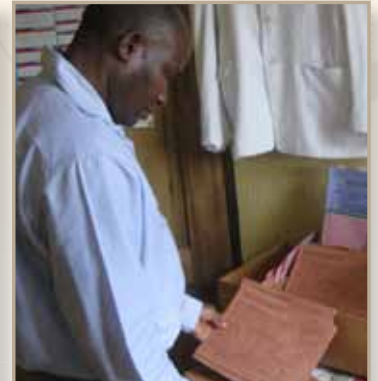
Dr. Luka Ibrahim, Nigeria FELTP Resident (center left) conducting cholera outbreak investigation, Bauchi state, Nigeria (8/5/2010)



Dr. Luka Ibrahim, Nigeria FELTP, and recipient of the 2012 William H. Foege Award for Outstanding Public Health Scientific Presentation, giving a presentation on “Factors Associated with Interruption of Treatment among Pulmonary TB patients in Plateau States, Nigeria” during EIS International Night 2012.

more than a thousand people across three states, and a lead outbreak in Zamfara State that affected mostly children less than five years old.

During International Night of the 2012 EIS Conference, Dr. Ibrahim was particularly excited about presenting his paper on “Factors Associated with Interruption of Treatment among Pulmonary TB patients in Plateau States, Nigeria” for which he received the prestigious William H. Foege Award for Outstanding Public Health Scientific Presentation. “We discovered that we’re not achieving the target of the cure rate and many patients were defaulting from treatment. We carried



Dr. Luka Ibrahim, Nigeria FELTP Resident extracting data from medical records of TB patients during research on factors associated with interruption of treatment among TB patients in Plateau state (6/22/2011)

out this investigation to find the reason why patients were interrupting their treatment, which is a process indicator to a better cure rate.”

In Dr. Ibrahim’s view, TB is a serious public health problem in Nigeria. “Nigeria has an estimated 210,000 new cases of TB and 33,000 deaths as result of TB infection yearly. Many factors affect the spread of infection including poverty and overcrowding.” He is optimistic and emphasized that the government is doing a lot to stop the spread of TB infection in Nigeria including providing TB diagnosis and treatment at no charge. Dr. Ibrahim believes that the FELTP will help the Nigerian government greatly by providing data to inform better strategies to stop the spread of the infection.

Now that Dr. Ibrahim has completed the FELTP, he plans to return to his work. “My intention is to go back to my state and apply the skills and knowledge I’ve acquired during these two years of intensive training... I’m sure of having a better TB control program.”

For further information, please contact Dr. Patrick Nguku, Resident Advisor, Nigeria FELTP NgukuP@ng.cdc.gov.

Updates from the Field...

Training/Resources

Teaching Management Skills to Future Leaders in Public Health

Submitted by Anyana Banerjee and Juanika Mainor-Harper, CDC

An effective leader in public health blends technical expertise with management skills to effectively address problems. Most Field Epidemiology Training Program (FETP) curricula build technical skills through lectures and field projects. In contrast, few programs provide formal instruction in management; residents acquire these skills through experience. Adding a training module on management in the Thai FETP curriculum would increase the number of lectures and workshops and decrease field time for residents. However, since Thai FETP residents spend one month at the U.S. CDC on a study tour and since CDC has a branch that provides instruction on management, a training module was conceived by Dr. Alden Henderson, Thai FETP Resident Advisor, and Dr. Elizabeth (Libby) Howze, Chief, CDC's Sustainable Management Development Program (SDMP), to provide Thai residents a formal management learning experience during their time at CDC.

FETPs have been in existence for over 30 years and are an important platform for CDC to leverage its expertise and work collaboratively with ministries of health (MOH) to improve public health capacity and strengthen public health systems globally. For over fifteen years, the Thai FETP has sent their second year residents to CDC for an international experience in public health. Their major project is working with CDC staff on a manuscript of an outbreak or field project. To help address the management gaps in their training, CDC's Anyana Banerjee, Deputy Branch Chief, Prevention Effectiveness Fellowship Branch, and Juanika Mainor-Harper, Senior Public Health Analyst, Division of Global HIV/AIDS, developed a workshop where the FETP residents learn various leadership



Thai FETP residents at CDC headquarters in Atlanta, Georgia with Leadership Training co-facilitators Anyana Banerjee (4th from left) on front row and CDR Juanika Mainor-Harper (3rd from left on back row), April 2012.

models and management tools such as time management, the fishbone diagram, SWOT analysis, and leading by example. The workshop has been given for three years and in 2012, a new module was introduced on the differences between technical and adaptive challenges. Unlike technical problems, adaptive challenges do not have clear definitions or solutions, thus requiring learning to both define the problem and identify a solution.

This was also the first year that the Thai FETP residents participated in a pre- and post-workshop assessment to provide an overview of the knowledge gained from the training. In most areas the knowledge of the fellows increased by over 75%. According to Juanika Mainor-Harper, "The increase in knowledge can be contributed to taking the time to develop culturally appropriate training for the types of issues the residents face in Thailand." She also stated, "There are unique challenges that health professionals around the world are faced with. Anyana and I do a lot of research each year to ensure that the



Thai FETP residents present their findings in a breakout session during CDC Leadership training workshop at CDC headquarters, Atlanta, GA, April 2012.

training we provide touches on areas that would be most beneficial to participants' success back home." Anyana Banerjee added, "An important way to develop leadership capability is through case-based learning and residents seemed more engaged when they were invited to reflect on their own experience." According to Dr. Henderson, "FETP residents apply their advanced technical skills and leadership capabilities to develop and implement public health strategies designed to improve public health systems, build workforce capacity, and strengthen public health institutions. Overall, this leadership training has been a success and this year there are numbers that support it."

For more information, please contact, Dr. Alden Henderson, Resident Advisor, Thai FETP at akh0@cdc.gov or Dr. Elizabeth Howze, SMDP, at eah6@cdc.gov.

Updates from the Field...

Training/Resources

EIS International Night Dubbed 'Absolute Favorite' by CDC's Director, Dr. Thomas Frieden

Submitted by Ruth Cooke Gibbs, CDC

On Wednesday, April 18th, 2012, the Dunwoody Ballroom at the Crowne Plaza Ravinia in Atlanta, Georgia, was standing room only as over 350 epidemiologists, scientists, academics, physicians, and a consortium of other public health professionals from around the world gathered for International Night 2012 and what many consider the highlight of the 61st Annual Epidemic Intelligence Service (EIS) Conference. During his remarks, Dr. Thomas Frieden, Director, Centers for Disease Control and Prevention (CDC) said, "The EIS conference and especially this night is one of my absolute favorite times of the year. It's so inspiring to come together and be able to exchange with each other what we're learning. Making information known through the laboratory, through epidemiology, through disseminating information to those who need to know, is incredibly important."

Co-hosted by CDC's Division of Public Health Systems and Workforce Development in partnership with the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), International Night 2012 featured oral and poster presentations from 17 countries, as well as the launch of the first EIS International Night Photo Contest featuring the work of FETP residents in action around the world (residents from 24 countries submitted photos). According to Dr. Peter Bloland, Director, DPHSWD, "It is important that we continue to document the value of our work not only through scientific reports and papers, but also through photos that capture highlights of our investigations. International Night provides a forum where FETP residents and graduates from around the world can not only give scientific presentations, but also increase their knowledge of methods to investigate health events and issues, analyze data, and present findings, conclusions and recommendations that will improve public



Photos L-R: (1) CDC Director, Dr. Thomas Frieden; (2) EIS International Night committee - Daniela Salas (TEPHINET), Cindy Brown and Dr. Russell Gerber (CDC), Dr. Dionisio Jose Herrera Guibert (TEPHINET), Dr. Peter Bloland and Ruth Cooke Gibbs (CDC); (3) Thailand FETP Residents; (4) Dr. Shoaib Hassan - Pakistan FELTP Resident; (5) Dr. Kevin De Cock, Director, Center for Global Health and Dr. Herrera presenting the 2012 William H. Foege Award for Outstanding Scientific Presentation to Dr. Luka Ibrahim, Nigeria FELTP Graduate; (6) Dr. Julia Gago - Peru giving presentation - Effect of Educational Intervention to Prevent and Control the Increase Overweight and Obesity in Schoolchildren from Public Elementary Schools in Lima, Peru from 2010-2011. (7) Dr. Frieden viewing International Night Photo Contest submissions; (8) Dr. Donna Jones and Rebecca Hartz (CDC) discussing poster presentations with Sue Binder (IANPHI); (9) Dr. Paul Kelly, Chairman of the Advisory Board, TEPHINET (10) Dr. Rhoosy Espinosa, receives 2012 Best Poster Award for her poster on Food-borne Outbreak Among Inmates in Six Prison Facilities - Eastern El Salvador; (11) International Night Photo Contest - 1st place photo depicts a child receiving vitamin A supplementation during a measles vaccination campaign. Photo submitted by Dr. Remidius Kakulu, Tanzania FELTP Resident (12) Dr. Kakulu discusses his scientific poster on Cluster Measles Cases Among Malnourished Maasai Children, Monduli District Arusha, Tanzania 2011.

health systems and health outcomes in their respective countries. More importantly, it is an opportunity for FETP residents and EIS officers to meet and learn from each other."

Dr. Kevin De Cock, Director, CDC's Center for Global Health and Dr. Paul Kelly, Chairman, TEPHINET Advisory Board, served as moderators for the oral session with presentations ranging from Risk

Factors for Critical Disease and Death from Hand, Foot, and Mouth Disease in China to a Cholera Outbreak at an Internally Displaced Person's Camp in Pakistan. During his remarks, Dr. De Cock commented on the importance of FETPs and how they are "the basis of public health responsiveness" in the countries where we work. He also relayed how

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Updates from the Field...

Training/Resources

Iraq FETP Spearheads Iraq Zoonotic Stakeholder Workshop

Submitted by Dacia Davis, CDC

Approximately 75% of recent emerging diseases affecting humans are diseases of zoonotic origin that come from animals. Iraq is one of many countries where neglected zoonoses such as rabies, anthrax, brucellosis, and toxoplasmosis pose a growing health threat. For instance, rabies, almost always deadly if not treated within the first 72 hours, poses a health burden in Iraq with more than 5000 dog bite cases each year and over 100 human deaths in the past five years. The burden of this disease could be reduced and eliminated by controlling the disease in dogs. To address the zoonotic disease burden, the United States Centers for Disease Control and Prevention (CDC) in collaboration with Iraq's Ministries of Health, Agriculture, and Higher Education, and the World Health Organization's Iraq country office, held a Zoonotic Disease Stakeholder Workshop from March 25 to 27, 2012 in Erbil. The event was spearheaded by Iraq's Field Epidemiology Training Program (FETP) and Iraq Ministry of Health's Communicable Disease Control Center.

The workshop was jointly organized following a request from the Ministry of Health to have a situational analysis of zoonotic diseases in Iraq and develop a multisectoral plan for moving forward. The workshop brought together high-level decision makers and technical staff from the health, veterinary, and agricultural sectors to discuss Iraq's existing zoonotic disease conditions, as well as existing strategies for surveillance and response, epidemiology, and control and prevention measures. The Iraq FETP played a critical leadership role during the workshop, including leading the work group discussions and presenting the main findings and recommendations.



Dr. Hasan Musilm, MOH-Iraq, CDC Director discusses Iraq's zoonotic priorities at the Iraq Zoonotic Stakeholder Meeting, Erbil, Iraq, March 26, 2012.

Emphasizing the importance of collaboration to ensure that effective systems are in place for early detection and response to zoonotic diseases, Honorable Excellency, Dr. Majeed Hamad Amin, the Minister of Health of Iraq, remarked, "Partnership is the key to deal with outbreaks of all zoonotic diseases that affect Iraq. It is important." Dr. Buthaina Ghanem, Epidemiologist from the WHO-Iraq Office added, "Efficient surveillance and control of zoonoses are the responsibility of both public health and veterinary sectors. Intersectoral collaboration is essential at all levels in order to implement and manage veterinary public health programs."

By the end of the three-day workshop, participants drafted a comprehensive multisectoral work plan to tackle especially important zoonotic diseases for the country, including brucellosis, leishmaniasis, and Crimean-Congo hemorrhagic fever. Workshop attendees presented strategies to prevent, contain, and eliminate diseases. Key focus areas included diagnostics,



The Iraq FETP team at the end of the zoonotic stakeholder conference, a conference they were instrumental in organizing, coordinating and implementing. Erbil, Iraq, March 27, 2012.

surveillance, prevention, control measures, animal-human interface, and research and training opportunities. Recommendations were shared with CDC, WHO, the Food and Agriculture Organization, and U.S. Department of Agriculture subject matter experts. The Iraq FETP followed up with direct discussions during the Epidemic Intelligence Service (EIS) conference held in Atlanta in April 2012.

Working across disciplines and increasing coordination was critical to identifying challenges and implementing immediate and long-term strategies to eliminate, control, or prevent zoonotic diseases. Dr. Syed Jaffar Hussain, WHO Representative for Iraq commented, "This is an important juncture in Iraq's history, including its health sector, where progressive transformations are shaping its future. We have to work very closely across all relevant ministries and stakeholders to achieve our common goal in zoonotic disease prevention, control, and containment."

For further information please contact:
Genessa Giorgi: vky7@cdc.gov.

Updates from the Field...

Training/Resources

Central America FETP Introduces New Approach to Field Exercise in Antigua, Guatemala

Submitted by Dr. Victor Caceres, CDC

Recently, the Central America Field Epidemiology Training Program (CA-FETP) revamped its field exercise with great success. The field exercise component of the CA-FETP's introductory course is intended to introduce residents to study design and implementation by having them conduct a community survey on a pre-determined public health issue. Normally, the exercise is conducted over just a few days. While this approach improved their skills in the focus areas, the CA-FETP instructors decided to try a new approach giving residents the opportunity to be more involved in the entire investigation process.

In considering a new approach to the introductory course, the CA-FETP instructors identified more hands-on activities such as a) interviewing community leaders and developing the underlying question to be investigated; b) developing a study prospectus; c) designing and piloting a study questionnaire; d) drafting and submitting a protocol for ethical and scientific review; and e) developing an operational plan with a leadership team to implement the study. The instructors determined that the course would work best if implemented over a 10-month period. During the first year, each component would be reinforced by three in-depth 2-week training modules on Surveillance, Outbreak, and Planned Investigation.

In implementing this new approach, theory and practice complement each other as residents prepare and conduct the study with a primary focus on developing management competencies to improve study implementation. For



Members of the 7th Cohort and CDC Staff of the Central America Field Epidemiology Training Program, Antigua, Guatemala, March 27, 2012.

example, the students learned concepts of how to develop a research question by actually having to identify a question for the field study (similarly for developing a prospectus, questionnaires, and so forth). In the past, management and leadership competencies were typically taught in a stand-alone module. In the new approach, management competencies have been integrated into the field exercise itself. Through facilitation and mentorship by Denise Traicoff, from CDC's Sustainable Management Development Program, residents gained management competencies (related to Gantt chart design, contingency planning, work breakdown structure, and communication) while developing an operational plan for their field study.

This new approach proved to be very successful. A comprehensive workbook was developed to guide residents step-by-step through the various stages of study design and implementation. Residents identified potential research questions by interviewing school and municipal authorities of the city of Antigua, Guatemala. After a literature review, residents narrowed their research question to "The Prevalence and Factors Associated with use of Tobacco in Adolescents in Antigua". Residents also developed a prospectus and ultimately a protocol that was cleared by a university Institutional Review Board. The residents

also decided to establish a leadership team and divided responsibilities for implementation of the protocol.

The 10-month field exercise was completed in March, 2012. The study was led entirely by the 19 residents from the 7th cohort of the CA-FETP. According to Dr. Victor Caceres, Atlanta Team Lead for CA-FETP, "They were basically running the show themselves. Because of extensive preparation, the process for collecting and analyzing the data was greatly simplified."

On the last day of the exercise, the results were formally presented by the residents to municipal and federal school authorities and adolescent students. Among key findings were a high percentage (26%) of non-smoking students contemplating smoking in the following year and a high percentage of current smokers (64%) who wanted to quit. A comprehensive evaluation of the new approach to the field exercise is being conducted and it is clear from anecdotal reports from the residents that the new approach to the field exercise has been highly effective for teaching residents how to design and implement a scientific investigation.

For further information, please contact Dr. Victor Caceres at vac5@cdc.gov.

Updates from the Field...

"What's New?"

We Welcome:

- Brian Robie, PhD, Deputy Team Lead for DPHSWD's Sustainable Management Development Program (SMDP), is currently the Acting Deputy Branch Chief for DPHSWD's Public Health Systems Strengthening Branch (PHSSB). Diana Miles, MPA, is now the Acting Deputy Team Lead for SMDP.
- Ilanit Kateb, MBA, joined the FAETP branch on detail from the Office of the Associate Director for Communications.
- Els Mathieu, MD, MPH, has accepted the FETP Resident Advisor position in Cameroon.
- George Conway, MD, MPH, has accepted the FETP Resident Advisor position in China.
- Steve Wiersma, MD, MPH, has accepted the FETP Resident Advisor position in Tanzania.
- Lucy Boulanger, MD, has accepted the FETP Resident Advisor position in Ethiopia.

We Wish Them Well:

- After 11 years working with FETP, Henry Walke, MD, MPH, will be leaving the division in July to become the Branch Chief for the Bacterial Special Pathogens Branch, DHCPP in NCEZID. Dr Walke started at DPHSWD in 2001 as the Resident Advisor to the Jordan FETP. He became the Branch Chief for FAETP in 2007 and has been responsible for overseeing 28 FETPs in 47 countries.
- Steven Becknell, MPH, will remain with the division but move to the Uganda CDC office to become the Technical Public Health Advisor. He will start the new position in August.
- Robert (Bob) Fontaine, MD, MS, is leaving the China FETP program in July after eight years of serving as the Resident Advisor.
- Yescenia Wilkins, MPH, accepted a four-month detail to the Division of Adolescent and School Health (DASH).

Publications and Reports:

- Robert Fontaine, MD, MS, is a co-author on the publication, Clusters of Sudden Unexplained Death Associated with the Mushroom, *Trogia venenata*, in Rural Yunnan Province, China. PLoS ONE 2012;7(5)

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0035894>.

- Mirza, Muzna, MD, MS, with DPHSWD's Global Informatics Program, is a co-author on the publication, Building the Foundations of an Informatics Agenda for Global Health—2011 Workshop Report. OJPHI 2012;4(1) <http://ojphi.org/htbin/cgiwrap/bin/ojs/index.php/ojphi/article/view/4027/3226>.
- Peter Bloland, D.V.M, M.P.V.M., DPHSWD Division Director, is a co-author on the paper, The Role of Public Health Institutions in Global Health System Strengthening Efforts: The US CDC's Perspective. PLoS Med. 2012;9(4) <http://www.ncbi.nlm.nih.gov/pubmed/22509137>.
- During the 2011 African Field Epidemiology Network (AFENET) Scientific Conference, Helen Perry, PhD, from DPHSWD's PHSS Branch, co-chaired a 2-day workshop entitled "Partners and Frameworks for IDSR and International Health Regulations (IHR) (2005) Implementation". The following report http://www.stimson.org/images/uploads/Stimson_GWU_WHO_Workshop_Report.pdf was developed by the Stimson Center on progress and tools for implementing IDSR and IHR, public health workforce needs, national and partner perspectives, and lessons learned. POC: Helen Perry hap5@cdc.gov.

Available Positions:

The following positions are available in the Field Applied Epidemiology Training Program:

- Resident Advisor in DRC, Haiti, and Morocco. Please contact Daniel Frank, MPH, Deputy Branch Chief for FAETP branch: fcd3@cdc.gov
- Chief for the Field and Applied Epidemiology and Laboratory Training Program Branch. Please contact Dr. Peter Bloland, Director, DPHSWD: pbb1@cdc.gov.

Program Updates:

- Dr. Helen Perry, Team Lead for Integrated Disease Surveillance and Response program (IDSR), is providing technical assistance to WHO-Nepal on the development of the National Integrated Disease Surveillance System (IDSS) guidelines and a review of IHR core capacities. POC: Helen Perry hap5@cdc.gov.

For further information please contact Victoria Fort at iqy2@cdc.gov.

International Night

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public health and global health are changing all the time and how ... "FETPs need to accommodate that change... the demographic and epidemiologic changes relating to for example non-communicable diseases." He also commented on how several countries are saying "We would like our own CDC. How do we do that? How do we develop that?" In his opinion, "... for these countries thinking about a National Public Health Institute and what that means and what that can deliver to its people... is an emerging priority."

Dr. Dionisio Jose Herrera Guibert, Director of TEPHINET, moderated the Awards Ceremony and presented the evening's highest honor – The 2012 William H. Foege Award for Outstanding Public Health Scientific Presentation – to Dr. Luka Ibrahim, Nigeria FELTP, for his presentation on Factors Associated with Interruption of Treatment among Pulmonary Tuberculosis Patients in Plateau State – Nigeria, 2011. Dr. Luka Ibrahim is the first FETP resident from Africa to receive the William H. Foege Award. The winner of the photo contest was Dr. Remidius Kakulu, FELTP resident from Tanzania. Dr. Kakulu's photo featured a young child receiving vitamin A supplementation during a measles vaccination campaign in Tanzania.

In his closing remarks, Dr. Herrera, on behalf of TEPHINET's Board of Directors and the Secretariat, noted that "237 abstracts were presented and reviewed and the improvement in their quality is a testament to the tremendous support and mentoring [FETP trainees] have received from resident advisors." Dr. Herrera also congratulated all the participants for their contributions and thanked the FETPs and TEPHINET member programs for their efforts to maintain the quality and standards of FETP and the tradition of International Night.

Congratulations, 2012 award recipients!

For further information on International Night, please contact Dr. Russell Gerber at rag2@cdc.gov.

Updates from the Field...

Conferences/Events

Upcoming...

- Advances in Medicine 2012, 2 to 3 June 2012, Hong Kong, <http://www.mect.cuhk.edu.hk/AIM2012>
- Turmoil and Tenacity: The Progress of Public Health in Botswana, 3 to 12 June 2012, Gaborone, Botswana, <http://www.ciee.org/ifds/seminars/botswana/index.aspx>
- MedicRes 2012 World Congress on Good Medical Research, 6 to 9 June 2012, Vienna, Austria, <http://www.ic2012.medicres.org>
- International Environment and Health Conference (IEHC2012), 6 to 7 June 2012, Penang, Malaysia, <http://www.ppsk.usm.my/conference/ehc12.nsf/>
- New Approaches to Maternal Mortality In Africa, 2 to 3 July 2012, Cambridge, United Kingdom, <http://www.crashh.cam.ac.uk/events/1977/>
- Nursing and Allied Health Conference 2012, 13 to 15 July 2012, Sibul, Sarawak, Malaysia, <http://nahc.snpa.org.my>
- Prevention Strategies for Non-Communicable Diseases (NCDs), 15 to 20 July 2012, Oxford, Oxfordshire, United Kingdom, <http://www.conted.ox.ac.uk/ncd23>
- XXII World Congress: Global Wellbeing, 16 to 21 July 2012, Melbourne, Victoria, Australia, <http://ifhe2012.org>
- XIX International AIDS Conference, 22 to 27 July 2012, Washington D.C., United States, <http://www.aids2012.org/>
- 2012 International Conference on Nutrition and Food Sciences (ICNFS 2012), 23 to 24 July 2012, Singapore, <http://www.icnfs.org/>
- ICare4Autism International Autism Conference, 1 to 2 August 2012, Jerusalem, Israel, <http://www.icare4autism.org/2012-conference/>
- Healthy Eating, Healthy Living - Caring for your Patients and your Family, 16 to 18 August 2012, Southampton, Bermuda, http://www.mceconferences.com/conference-detail.php?conf_id=EM830-18-2-14
- World Asthma Congress 2012, 18 to 21 August 2012, Québec City, Québec, Canada, <http://www.wca-2012.com/wca-2012-first%20ann-7-6-11.pdf>



- World Cancer Congress, 27 to 30 August 2012, Montréal, Québec, Canada, <http://www.worldcancercongress.org/>
- International Conference on Occupational Health & Safety Summit-2012, 5 to 7 September 2012, Philadelphia, Pennsylvania, United States, <http://www.omicsonline.org/occupationalhealth2012/index.php>
- Royan International Congress on Reproductive Biomedicine & Stem Cell Biology & Technology, 5 to 7 September 2012, Tehran, Iran, <http://www.royancongress.com/>
- Interprofessional Partnership: Improvement for Global Health Outcomes, 5 to 7 September 2012, Near Bangkok, Thailand, <http://www.nurse.cmu.ac.th/inter2012>
- The 3rd International Academic Consortium for Sustainable Cities (IACSC) Symposium, 8 September 2012, Chiang Mai, Thailand, <http://www.iacsc2012.org/>

For further information, please contact Dacia Davis at ifu5@CDC.gov

Seeking Submissions...

If you would like your program to be featured in an upcoming issue of Updates from the Field, please send a 300-500 word summary of your program's activities and photos to Ruth Cooke Gibbs at icn6@cdc.gov.

Partnership Matters

Public Health Education in Low- and Middle-Income Countries: The Role of CDC

Commentary by Richard A. Cash, MD, MPH

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Laboratory. It was there that he and his colleagues developed and conducted the first trials of oral rehydration therapy in adult and pediatric patients. In light of his countless contributions to global health and infectious and diarrheal disease, Cash is credited with saving millions of lives through the development and promotion of oral rehydration therapy to treat cholera and other diarrheal diseases worldwide. Cash is the recipient of many prestigious awards including the 2011 Fries Prize awarded annually by the Fries Foundation to honor individuals, organizations, or institutions which have made significant contributions to public health. During CDC's 2011 Global Health Leadership Forum, Dr. Richard Cash shared his experiences with the development and dissemination of oral rehydration therapy.

Tell us what you think...

Updates from the Field...Strengthening Public Health Systems and Workforce Capacity Globally is a quarterly newsletter produced by CDC's Division of Public Health Systems and Workforce Development. The newsletter aims to inform residents and graduates of Field Epidemiology Training Programs, national and regional partners, and the general public about news, events, training, and resources of interest. We welcome your feedback and would like you to take a few minutes to complete a survey. Please click the link: <http://www.surveymonkey.com/s/GWSB6NB>. Please send any additional comments and or suggestions to Ruth Cooke Gibbs at icn6@cdc.gov.